DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 10/17/10

PRINTED: 09/02/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445268	A. BUILDING _____ B. WING _____	09/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBANON HEALTH AND REHABILITATION CENTER	731 CASTLE HEIGHTS COURT LEBANON, TN 37087

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS During complaint investigation number 25713, 21268, conducted on September 1, 2010, at Lebanon Health and Rehab, no deficiencies were cited in relation to the complaint under 42 CFR PART 482.13, Requirements for Long Term Care.	F 000		
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide psychiatric services for one (#11) of fourteen residents reviewed. The findings included: Resident #11 was admitted to the facility on August 27, 2010, with diagnoses including Suicidal Ideation, Paranoid Schizophrenia, Status Post Cervical Fusion (surgery of the spine to join two vertebrae together), and History of Pneumonia requiring being on a Ventilator. Medical record review of the history and physicals dated from June 1-August 27, 2010, revealed the resident had multiple hospitalizations for psychiatric services with multiple medication changes, surgery, and was on a ventilator due to Pneumonia.	F 319	F319 The facility will ensure that residents who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. **The following corrective actions have been taken:** Resident #11 was evaluated and treated by a psychiatrist whom reduced the resident's medication regiment on September 1st, 2010. Social Service Director assessed the resident on September 1st, 2010. The social service director continued to follow the resident until he discharged on September 8th 2010.. **Residents with the potential to be affected by the alleged deficient practice will be identified:** On September 13th 2010, the Director of Nursing and Social Services Director completed a 100% chart audit of all active residents in the facility to identify any residents who displays mental or psychosocial adjustment difficulties had received appropriate treatment and services to correct the assessed problem. No additional resident were identified to have displayed mental or psychosocial adjustment difficulties without treatment and services to correct the assessed problem.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mona D. McCall — TITLE: Administrator — (X6) DATE: 9/20/2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 319	Continued From page 1 Medical record review of the physician's orders from admission on August 27, 2010, to September 1, 2010, revealed no orders for psychiatric services to evaluate and treat the resident. Observation on August 31, 2010, at 2:00 p.m., of the resident's room revealed the resident sound asleep and did not easily arouse when spoken to. Observation on August 31, 2010, at 4:00 p.m., in the day area near the nurse's desk, revealed the resident sitting up in the wheel chair with the shoulders slumped, looking at the floor, had a slight body tremor, and the resident responded only when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 8:00 a.m., of the resident's room, revealed the resident sitting up in the bed with the breakfast tray setup and on the over the bed table in front of the resident, with the food untouched, and with the resident staring at the wall. Observation and interview with the resident on September 1, 2010, at 8:10 a.m., of the resident's room revealed the resident had not changed position or attempted to eat the breakfast. Interview with the resident revealed "life's not worth living" Continued interview revealed the resident received medication to help with the sad mood and "helped some" and the resident had a tear in the right eye. Interview on September 1, 2010, at 8:25 a.m., in the social services office with the Social Worker (SW) and the Director of Nursing (DON).	F 319	**Measures put in place to ensure that the alleged deficient practices does not recur include:** The Director of Nurses and the Staff Development Nurse in-serviced all licensed nurses to obtain a physicians order for a psychiatric consult on all residents that displays mental or psychosocial adjustment difficulties on 09/15/2010. The Social Service Director or designee will review 100% of all new admission charts to ensure all residents who displays mental or psychosocial adjustment difficulties received appropriate treatment and services to correct the assessed problem five times a week times for four weeks, weekly times one month, monthly times three months, and then quarterly thereafter. **The Corrective action will be monitored to ensure the alleged deficient practice will not recur:** The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Act ivies Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed. Completion Date: 09/15/2010	

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F 319	Continued From page 2 confirmed the resident did not have a physician's order to be evaluated and treated by the Psychologist. Continued interview revealed the DON would obtain a physician's order to have the resident evaluated by the psychologist. Interview on September 1, 2010, at 9:45 a.m., at the nurse's desk with the SW revealed the SW had just visited with the resident and the SW was concerned about the medications the resident received and the resident's alertness due to length of time to respond to questions. Continued interview confirmed the resident required evaluation by the psychologist.	F 319		
F 356 SS=D	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request,	F 356	F356 The facility will post the Direct Care Daily Staffing in an area easily accessible to the public to review as required by the State. **The following corrective actions have been taken:** On August 31st 2010 the Direct Care Daily Staffing was posted at the nurses station where it is readily accessible to the public. **Measures put in place to ensure that the alleged deficient practices does not recur include:** The Human Resource Coordinator and the weekend nurse in charge was in serviced on August 31st 2010 to post the Direct Care Daily Staffing daily with the information required by the state in a place readily accessible to the public. The Staff Development Nurse will monitor to ensure compliance five times a week for four weeks, weekly times one month, monthly times three months, and then quarterly thereafter.	

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F 356	Continued From page 3 make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to post the Direct Care Daily Staffing in an area easily accessible. The findings included: Observation on the nursing floor on August 30, 2010, during initial tour and observation on August 31, 2010, from 7:10 a.m. through 7:45 a.m., revealed no posting of the Direct Care Daily Staffing. Interview with the Staff Development Coordinator on August 31, 2010, at 7:55 a.m., in the conference room, confirmed the Direct Care Daily Staffing was not posted but was kept in a notebook at the nurses' station.	F 356	**The Corrective action will be monitored to ensure the alleged deficient practice will not recur:** The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Act ivies Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed. Completion Date: 09/03/2010	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an	F 431		

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F 431	Continued From page 4 accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility records, and interview, the facility failed to maintain a safe temperature to store medications in one of one medication room. The findings included:	F 431	F431 The facility will store all drugs and biological in locked compartments under proper temperature controls, and permits only authorized personnel to have access to the keys. **The following corrective actions have been taken:** The Maintenance Supervisor adjusted the temperature knob on the refrigerator in the medication room until it reached proper temperature above 36 degrees on September 1st, 2010. The Famotine medication was destroyed and replaced on September 1st, 2010. **Residents with the potential to be affected by the alleged deficient practice will be identified:** The Director of Nurses and Staff Development Nurse did a complete 100% audit of all the medication in the refrigerator that could have been affected by the temperature on September 1st 2010. No additional medications were affected by the temperature based on the suggested temperature by the drug manufacture. **Measures put in place to ensure that the alleged deficient practices does not recur include:** The Director of Nurses in-serviced all licensed nurses on the proper storage of drugs and biological in the medication room refrigerator on September 15th 2010.	

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F 431	Continued From page 5 Observation on August 31, 2010, at 1:30 p.m., in the medication room, with Licensed Practical Nurse (LPN) #1 revealed the temperature in the refrigerator was 28 degrees Farenheit. Observation on September 1, 2010, at 10:20 a.m., with LPN #1 in the medication room, revealed the temperature in the refrigerator was 26 degrees Farenheit. Observation of three vials of famotine (pepcid-stomach acid reducer) 10 milligrams stored in the refrigerator revealed "...store between 36-45 degrees Farenheit ..." Review of the facility's "Record of Refrigeration Temperatures ...Aug. 2010 ..." revealed on August 1, 2, 8, 17, 18, 19, 20, 25, 27, 29, 30, 31, the temperature was recorded as 32 degrees Farenheit. and on August 21, 2010, the temperature was recorded as 31 degrees Farenheit. Interview on September 1, 2010, at 10:25 a.m., with LPN #1 in the medication room, confirmed the temperature in the refrigerator was below the required temperature of 36 degrees to store the medications.	F 431	The charge nurses on 11-7 will record the medication room refrigerator daily. The nurses will notify the Director of Nurses if the temperature drops below 36 degrees. The Staff Development Nurse will monitor to ensure compliance five times a week for four weeks, weekly times one month, monthly times three months, and then quarterly thereafter. **The Corrective action will be monitored to ensure the alleged deficient practice will not recur:** The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Act ivies Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed. Completion Date: 09/15/2010	
F 502 SS=D	483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow a Physician's order to	F 502	F502 The facility will provide or obtain laboratory services to meet the needs of its residents. The facility will ensure the quality and timeliness of the services. **The following corrective actions have been taken:**	

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F 502	Continued From page 6 collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Neck of Femur, Urinary Tract Infection, Renal Dialysis Status, and Anemia. Medical record review of the Admission Orders dated August 10, 2010 revealed "...Rocephin (antibiotic) 1 gm (gram) IV (intravenous) x (times) 7 days...UTI (urinary tract infection)..." Medical record review of the Medication Administration Record revealed the resident received Rocephin 1 gm IV from August 11-17, 2010. Medical record review of a Physician's Telephone Order dated August 22, 2010, revealed "...DC (discontinue) Rocephin 1 g (gram) IV...Do UA (urinalysis) C & S (culture and sensitivity) in 3 days (August 25, 2010)..." Interview on August 31, 2010, at 3:10 p.m., with the Director of Nursing, in the conference room, confirmed the facility did not follow the Physician's order dated August 22, 2010, to collect the urinalysis, culture and sensitivity specimen on August 25, 2010, and send the test specimen to the laboratory.	F 502	The test specimen for Resident #9 was obtained on August 31st 2010, and sent to the laboratory. Resident #9 was discharges on 9/06/2010. **Residents with the potential to be affected by the alleged deficient practice will be identified:** On September 3rd 2010, the Director of Nurses and the Staff Development Nurse completed a 100% chart audit of all active residents in the facility to identify residents that had physician orders for laboratory services were obtained. No additional residents were identified to have physician orders for laboratory services unattained. **Measures put in place to ensure that the alleged deficient practices does not recur include:** The Director of Nurses and the Staff Development Coordinator in serviced all licensed nurses on how to process physician orders for laboratory services following our policy on September 15th 2010. The Director of Nurses in serviced the licenses nurses on how to do a 24-hour chart check following our policy on 11-7 daily on September 15th 2010. The Resident Care Management Director will review all physician orders to ensure that all laboratory orders were processed per company policy. The Director of Nurses will print the A&E log, which is a report of all of the labs obtained in the facility, to compare with the laboratory books to ensure 100% compliance for five times a week for four weeks, weekly for one month, monthly for three months and quarterly thereafter.	

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F 502	Continued From page 6 collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Neck of Femur, Urinary Tract Infection, Renal Dialysis Status, and Anemia. Medical record review of the Admission Orders dated August 10, 2010 revealed "...Rocephin (antibiotic) 1 gm (gram) IV (intravenous) x (times) 7 days...UTI (urinary tract infection)..." Medical record review of the Medication Administration Record revealed the resident received Rocephin 1 gm IV from August 11-17, 2010. Medical record review of a Physician's Telephone Order dated August 22, 2010, revealed "...DC (discontinue) Rocephin 1 g (gram) IV...Do UA (urinalysis) C & S (culture and sensitivity) in 3 days (August 25, 2010)..." Interview on August 31, 2010, at 3:10 p.m., with the Director of Nursing, in the conference room, confirmed the facility did not follow the Physician's order dated August 22, 2010, to collect the urinalysis, culture and sensitivity specimen on August 25, 2010, and send the test specimen to the laboratory.	F 502	**The Corrective action will be monitored to ensure the alleged deficient practice will not recur:** The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Act ivies Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed. Completion Date: 09/27/2010	